

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
#04-019

2. STATE
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
10/01/2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.733, 435.832 and Section 1616, 1924 of the Social Security
Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$ None
b. FFY \$ None

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 2

Supplement 12 to Attachment 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Section 2

Supplement 12 to Attachment 2.6A

10. SUBJECT OF AMENDMENT:

July 2004 TANF 100% Need Standard used to update the Family Member Maintenance Needs Allowance. *

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael J. Willden

14. TITLE: Director, Department of Human Resources

15. DATE SUBMITTED: DEC 29 2004

16. RETURN TO:

John A. Liveratti, Chief
DHCFP/Medicaid
1100 E. William Street, Suite 102
Carson City, NV. 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 29, 2004

18. DATE APPROVED:
March 8, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2004

21. TYPED NAME:
Linda Minamoto

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:
*Explanation of Block 10:

Supplement 12 to Attachment 2.6A, Page 1, amends the current
eligibility policy using the July 2004 TANF 100% Need Standard
to update the amount of an additional personal needs allowance (PNA)
for institutionalized individuals with no community spouse at home but
with other dependent family members.

Revision: CMS-02-1
May 2002

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 1
OMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

In addition to the \$35.00 PNA allowed in Attachment 2.6.A Page 4a, persons with greater need identified in Attachment 2.6.A Page 4a, Institutionalized individuals with no Community Spouse at home, as described in Attachment 2.6.A Page 5 #4.a, for Post Eligibility Determinations are allowed an additional Personal Needs Allowance based on household size.

HOUSEHOLD SIZE	Additional PNA Allowed
1 family member	\$159.00
2 family members	\$197.00
3	\$235.00
4	\$273.00
5	\$311.00
6	\$349.00

For households greater than 5 add \$38.00 for each additional person.

The greater PNA deduction is to allow the difference between the 1996 AFDC Need Standard Amount used in the Maintenance Needs Allowance, which is frozen at the 1996 rate, and the current TANF Need Standard Amount.

The AFDC amount used in the Maintenance Need Standard is stated in Supplement 1 to Attachment 2.6.A Page 1.

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

TN No.: 04-019
Supersedes
TN No.: 04-04

Approval Date: MAR - 8 2005

Effective Date: 10/1/2004